



Money Transmitter License Renewal Instructions

Time Sensitive Read Carefully and Make Note This information affects the accurate and timely renewing of your license.

As long as a license was issued on or before 10/31/2007, the license must be renewed.

This license renewal application package is **only** for the licensee you list on page 1 of 4 of the "Money Transmitter License Renewal Application question #1, and all of its licensed branches and authorized delegates (if any).

Licensee: This licensee's renewal must include in one license renewal package to this Department, all renewal forms, documents and other required information, including the renewal fees for all licensed branches/offices and authorized delegates being renewed.

Each Licensee: Must complete their own renewal application and keep their renewal, documents, fees and other required information separate from any other entity that is licensed with this department under a common parent.

Combined, incorrect or incomplete license renewal packages will be returned to the Licensee for correction and a late fee will be assessed if the corrected license renewal package is not returned to this Department by November 1st.

Time Sensitive: A.R.S. § 6-1206 (C) requires that the renewal package is received in our office on or before November 1st or the license will be suspended. A penalty fee of \$100.00 per day will be assessed on all renewals received after November 1st. Renewals that are postmarked on or before November 1st, but received after that date will be assessed the penalty beginning November 2nd, "NO EXCEPTIONS". If an incomplete renewal package is submitted, the \$100.00 fee will be assessed for each day the application package remains incomplete, until December 1st, at which time the license will expire.

To verify that this department received your renewal, check with your courier or the mail delivery service that you used. AND/OR Check with the bank to see if the check cleared the account. Phone verifications will not be done until after all Renewals have been processed.

To Verify WHEN your renewal has been approved by the Department, visit our website at azfdi.gov, click List of Licensees click on Money transmitter then do Ctrl + F to activate the find feature, enter the licensee name or license number. Our website updates nightly. Licensees only appear on our website if their status is ACTIVE. Your license has renewed if 10/31/2008 appears in the Expires date field. Renew early to allow for renewal processing time. New license certificates are NOT issued when renewing your license.

Renewal Contact: Your **Licensing Compliance Administrator and/or the President** will be the parties that will be directly advised by this Department of any and all of the renewal issues. Therefore, if any of the licensee's concerned individuals have any questions about how the renewal is progressing or why it has not been renewed, contact these individuals for an update.

Order Now: Licensees must provide, with their renewal, a "current" (September 1st, 2007 or newer) Certificate Of Good Standing from the ARIZONA Corporation Commission ("ACC"). Contact the ACC Corporate Records Section @ (602) 542-3026 or toll free within Arizona @ (800) 345-5819, or via website @ www.cc.state.az.us. If the licensee is domiciled in another state you must also provide a "current" (September 1st, 2007 or newer) Certificate Of Good Standing from the state of incorporation.

Audited Financial: Provide the Superintendent with a current Original CPA Bound audited financial statement prepared by a licensed Independent Certified Public Accountant. **NOTE:** If a parent company has more than one licensed subsidiary, a separate original CPA bound audit report must be sent with each license held. **Faxed or e-mail financial reports are not acceptable.**

Changes To Your License: The licensee is required to notify this department at the time changes are being made regarding the license (e.g. licensee name, address, office closure, bond, change of control, change of the top five officers/partners/directors). Your renewal is not complete until these changes have been processed by this Department. Note: If the licensee waits until renewal time to notify the department of any changes regarding their license, a civil money penalty may be assessed.

How To Make Changes To Your License: For instructions on how to make changes to your current license visit our website at azfdi.gov click on Licensing then click on Changing your License. To acquire the necessary forms download the Money Transmitter Application.

New licenses are not issued just because your license renewed, unless changes were made to the license and the type of change required the original license to be returned.



Money Transmitter Compliance Information

Attention: Licensing Compliance Administrator

Regulatory Information

If you have money transmitter questions about:

Statutes: Visit our website at azdfi.gov click on **Statutes** click on **Title 6**. See Section §6–1201 through 6–1242

Regulations / Compliance: Contact our Financial Enterprises Division at 602-255-4421 extension 129 and ask to speak to a Money Transmitter Examiner.

Regulatory Alerts: Are located on our website at azdfi.gov click **Regulatory Alerts** see **Money Transmitter** and review the published bulletins and / or alerts.

License Changes: Visit our website at azdfi.gov click on **Licensing** then click **Changing your License**. To acquire the necessary forms download the Money Transmitter Application.

Current Branch Applications are located on our website at azdfi.gov click **Licensing** click **Branch Application** click **Non-mortgage Industry Branch Application**.

Licensing: For questions about licensing issues (e.g., changes to your license, renewals, quarterly reports “read below”) contact our Licensing Division at 602-255-4421.

Required Report

Quarterly Report: Is located on our website at azdfi.gov click **Licensing** click **Download Required Reports** click on **Money Transmitter: Due Quarterly**. The most current report is required. Therefore, each quarter download from this location, if the form has been revised since your last report period, then you will always be submitting a current report form.

Within forty-five days (Due 5/15, 8/14, 11/14 and 2/14) after the end of each fiscal quarter (3/31, 6/30, 9/30 and 12/31) a consolidated financial statement including a balance sheet, income and expense statement and a list of all authorized delegates, branch managers, responsible individuals and locations within this state that have been added or terminated within that fiscal quarter, must be filed with the superintendent (see A.R.S. § 6-1211). The Department suggests that you establish adequate internal procedures to follow up on the timely receipt and submission of these quarterly reports. Failure to file reports timely may result in suspension or revocation of your money transmitter license.

If you are reporting more than 10 **new** agents for any fiscal quarter, in addition to the hard copy sent in with the report, also send the **new** agents by e-mail to Licensing@azdfi.gov in spreadsheet format. With one column for each of the following: “number of agents”, “agent name”, “dba name (if any)”, “address”, “city”, “state”, “zip Code”, “telephone number” and “authorization date”. Please identify your email by licensees name and license number.

Faxed or e-mailed reports are not acceptable. Only the original report will be accepted.

NOTE: If a parent company has more than one licensed subsidiary, a separate quarterly report must be sent for each license held.

Keep This Page for Your Reference



Money Transmitter License Renewal

Renewal Application for Year 11/01/2007 to 10/31/2008

Legibly Print Or Type All Information - Do not leave any blanks

There must be an answer provided for each inquiry therefore, if not applicable use "None" or "N/A"

Do not add attachments in lieu of completing our form.

1. Principal Primary Licensed Location:

Company Name:		Tax ID Number:		YOUR LICENSE NUMBER: MT-	
Doing Business As: If applicable					Your Fiscal Year End MO/DAY
Address:		City:	State:	Zip Code:	
Direct Telephone Number & Extension:		FAX Number:		E-Mail Address:	

2. Mailing Address if different from the above licensed primary address:

Address:		City:	State:	Zip Code:
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3. Corporate Address if different from the above licensed primary address:

Company Name:				
Address:		City:	State:	Zip Code:
Direct Telephone Number & Extension:		FAX Number:		E-Mail Address:

4. Current Ownership. If applicant is owned by an entity, provide the name of the entity and its corporate financials. If owned by individuals, provide the names and percentage owned of each person. List additional owners on a separate sheet.

Name	Title	% Owner
Ownership Must total 100%		%

5. Control. List all persons who have the power to vote more than fifteen percent of outstanding voting shares of the licensed corporation.

Name	Title	% of outstanding voting shares

6. List the top 5 officers and directors of the licensee and Years of Experience in this Business:

Title	Name	E-Mail Address:	Direct Business Telephone Number	Date Assumed Office	Years of Experience
				MO/DAY/YEAR	
				MO/DAY/YEAR	
				MO/DAY/YEAR	
				MO/DAY/YEAR	
				MO/DAY/YEAR	

7. Responsible Individual ("RI"): (Must be an employee who has principal active management authority over the business of the licensee in this state)

Title :		Name		Years in this Business	
Address:		City:	State:	Zip Code:	
Direct Telephone Number & Extension:		FAX Number:		E-Mail Address:	



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- 8. Since the license was issued** (11/01/06 to 10/31/07) or since the last renewal (11/01/06) has the licensee or any owner, officer, director, RI or partner thereof:

If you answer "Yes" to any of these questions you must attach the appropriate paperwork (description & final disposition)	YES	NO
a. been convicted of a criminal offense other than minor traffic violations?	<input type="checkbox"/>	<input type="checkbox"/>
b. been sued in a civil action?	<input type="checkbox"/>	<input type="checkbox"/>
c. had a final judgment issued against him/her?	<input type="checkbox"/>	<input type="checkbox"/>
d. filed bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
e. had an order entered against him/her been indicted, been informed against or found guilty by an administrative agency of this state, the Federal government or any other state or territory of the United States?	<input type="checkbox"/>	<input type="checkbox"/>

- 9. List all occupational or professional licenses** the licensee, any owner, officer, director, RI or partner holds or has held, which have been refused, denied, revoked or suspended by any State or the Federal Government **since the license was issued** (11/01/06 to 10/31/07) or since the last renewal (11/01/06). Attach copies of full disclosure. Write "None" or "NA" if not applicable.

a. Name on License	Type of License	Issue Date MO/DAY/YEAR	Expiration Date MO/DAY/YEAR
Name of Licensing Agency	Type of Action	Date of Action MO/DAY/YEAR	
b. Name on License	Type of License	Issue Date MO/DAY/YEAR	Expiration Date MO/DAY/YEAR
Name of Licensing Agency	Type of Action	Date of Action MO/DAY/YEAR	
c. Name on License	Type of License	Issue Date MO/DAY/YEAR	Expiration Date MO/DAY/YEAR
Name of Licensing Agency	Type of Action	Date of Action MO/DAY/YEAR	
d. Name on License	Type of License	Issue Date MO/DAY/YEAR	Expiration Date MO/DAY/YEAR
Name of Licensing Agency	Type of Action	Date of Action MO/DAY/YEAR	

- 10. Identify all account(s)** in all financial institutions through which the licensee conducts business as a transmitter of money:

Note: If the account is in a foreign country or with a foreign financial institution, you must also file the report required by A.R.S. § 6-1241 (B) with the Attorney General.

a. Financial Institution	Address and Branch		
Account Name	Account Number	Date Opened MO/ DAY /YEAR	
All Authorized Signers			
b. Financial Institution	Address and Branch		
Account Name	Account Number	Date Opened MO/ DAY /YEAR	
All Authorized Signers			
c. Financial Institution	Address and Branch		
Account Name	Account Number	Date Opened MO/ DAY /YEAR	
All Authorized Signers			
d. Financial Institution	Address and Branch		
Account Name	Account Number	Date Opened MO/ DAY /YEAR	
All Authorized Signers			
e. Financial Institution	Address and Branch		
Account Name	Account Number	Date Opened MO/ DAY /YEAR	
All Authorized Signers			



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11. Branch(es) Renewing. Do not count or list the Principal Location MT«LICNO» (#1 above) as a Branch.

a. Address				License #: MTBR-
City:	State: AZ	Zip Code:	Telephone #	
b. Address				License #: MTBR-
City:	State: AZ	Zip Code:	Telephone #	
c. Address				License #: MTBR-
City:	State: AZ	Zip Code:	Telephone #	
d. Address				License #: MTBR-
City:	State: AZ	Zip Code:	Telephone #	
e. Address				License #: MTBR-
City:	State: AZ	Zip Code:	Telephone #	

12. Authorized Delegate's Renewing & Contact Person who oversees the Arizona agents operation:

Agents – Total number of all currently active AZ agents		Name of Contact Person		Title	
Address:		City:	State:	Zip Code:	
Direct Telephone Number & Extension:		FAX Number:		E-Mail Address:	

Must attach a numbered, alphabetical list of all current Arizona agents with this renewed.

Authorized Delegates and Arizona Locations
Bond Amount

0 - 5	=	\$ 25,000.00
6 - 20	=	\$100,000.00
21 – 200	=	\$100,000.00 + \$5,000.00 for each, max of \$250,000
201 +	=	\$250,000.00 + \$5,000.00 for each, max of \$500,000

13. Required Bond Coverage:

Based on this bond chart are you currently carrying the appropriate bond coverage?

☐ Yes ☐ No If No, please enclose the new original bond document showing the Arizona Revised Statute required amount.

14. Arizona – Certificate of Good Standing:

Have you attached the Certificate of Good Standing with this renewal? Do not hold up filing the renewal application because you are waiting for this Certificate.

☐ Yes ☐ No If No, provide date when this department can expect it to be provided.

15. State of Domicile - Certificate of Good Standing:

Have you attached the Certificate of Good Standing with this renewal? Do not hold up filing the renewal application because you are waiting for this Certificate.

☐ Not applicable ☐ Yes ☐ No If No, provide date when this department can expect it to be provided.

16. Organizational Ownership Chart:

Include holding company with subsidiaries.

Have you included an organizational chart? ☐ Yes ☐ Not applicable

17. Auditing Firm: Must attach a current original CPA bound audited financial statement with your renewal. Example: If your FYE is 12/31 submit your 12/31/2006 audit.

Name:		Date of most current financial being submitted with this renewal MO/DAY/YEAR	
Address:		City:	State: Zip Code:
Contact Person	Telephone Number:		FAX Number:

18. Compliance Officer as required by USA Patriots Act:

Name:		Title	
Address:		City:	State: Zip Code:
Direct Telephone Number & Extension:	FAX Number:		E-Mail Address:



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19. FinCen MSB Registration of Money Services Business: The most recent registration must be attached.

Check which Acknowledgement Letter from the US Department of the Treasury has been attached to this renewal. Must not be more than 2 years old.

☐ Original Registration Acknowledgement Letter ☐ Renewal Registration Acknowledgement Letter

Date of original registration:

MO/DAY/YEAR

20. Renewal Fees:**Fees****Principal Primary Licensed Location:** See #1 on first page.

\$500.00

Current number of branch & agent locations in Arizona: Total # X \$25.00 = \$2,000 or lesser amount here

\$2,000 maximum

Late Penalties:(if applicable) Enter \$100.00 per calendar day beginning with 11/02 to date received.

\$

If Applicable - License Changes and Other Fees (See instructions on how to make changes to your license)

Name Change: Enter \$250.00 per license & Include original license(s).

\$

Address Change: Enter \$50.00 per location & Include original license.

\$

Duplicate License fee of \$100.00 per license if original license can not be returned for the license change:

\$

Total All Lines

Pay the amount entered here all on one check

\$

Fingerprint Card(s): Enter \$29.00 **per card**. Total fingerprint fees must be submitted on a separate check.

\$

21. Before packaging this renewal to submit, are all the following items Complete, Accurate, Attached & Enclosed?

Reminder: Combined, incomplete or incorrect license renewal packages will be returned to the Licensee and a late fee will be assessed if the complete and/or corrected license renewal package is not returned to this Department by November 1st.

- ☐ Legibly print or type all answers
- ☐ Answer ALL blanks, questions or statements AND if not applicable with "NONE" or "N/A"
- ☐ Arizona Certificate of Good Standing:
- ☐ Current Original CPA Bound Audited Financial
- ☐ FinCen MSB "Most Recent" Registration "Acknowledgement Letter"
- ☐ Application 5th page signed by an Officer of the Licensee & must be Notarized to include the notary seal/stamp
- ☐ Made and kept copies for your records and/or to provide an amended copy if required by this department
- ☐ Enclose all prescribed fee(s) on **ONE** Check for **ONLY** this **Renewal Application** package for the total amount of renewal (all licensing changes and late fees, if applicable)
- ☐ Enclosing **ONLY** this Licensee's Original Renewal Application in this package

AND if applicable, the following:

- ☐ Properly labeled all attachments to correspond with the applicable application numbers (full disclosure / description & final disposition documents)
- ☐ Appropriate bond coverage
- ☐ State of Domicile - Certificate of Good Standing:
- ☐ Attach an alphabetical list of agents renewing
- ☐ Add the late fees of \$100 per day to your renewal if it will be received after November 1st
- ☐ Enclose ownership **Organizational Chart** including holding company with subsidiaries
- ☐ Included **ALL** required documents and fees for any **Changes To Your License** with the renewal

SUBMIT

- ☐ **Check(s) Make payable to:** Arizona Department of Financial Institutions or AZDFI
- ☐ **Remit To:** Attention: Licensing Division
2910 N. 44th Street, Suite 310
Phoenix, AZ 85018



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22. Licensing Compliance Administrator to whom a deficient renewal application can be returned to OR renewal inquires can be directed. If you make it difficult to reach you it will hold up the processing of this renewal therefore, provide direct legible phone numbers or extension numbers.

Name:		Title	
Address:		City:	State:
Direct Telephone Number & Extension:		FAX Number:	E-Mail Address:

Affidavit

Must be signed by an officer,
Notary must date, sign, stamp or seal this affidavit.

STATE OF _____

ss

COUNTY OF _____

I (print officers' name) _____ being duly sworn, depose and say that I have signed the foregoing application
as (print officers' title) _____ of the above named applicant, having full authority to sign such application in said
capacity; that I have read said application and that the information contained therein is true.

Date _____ (Officers' Signature) _____

Subscribed and sworn to before me this _____ day of _____ 20 ____

My Commission Expires _____ (Notary Public Signature) _____